

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 OCT 19 AM 11:51

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

TEXAS FOR ALL

ADDRESS (number and street)

14917 El Camino Real

Check if different  
than previously  
reported. (ACC)

PO Box 590955

Houston TX 77529

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00523407

3. IS THIS  
REPORT



NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

✓ October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

MM / DD / YYYY  
06 / 12 / 2012

through

MM / DD / YYYY  
09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alex Jones

Signature of Treasurer

Alex Jones

Date

MM / DD / YYYY  
10 / 05 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS FOR ALL

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 06 / 12 / 2012 To: <sup>M M / D D / Y Y Y Y</sup> 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y Y Y Y</sup> 2012		, , 0.
(b) Cash on Hand at Beginning of Reporting Period.....	, , 0.	
(c) Total Receipts (from Line 19) .....	, , 0.	, , 0.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, , 0.	, , 0.
7. Total Disbursements (from Line 31).....	, , 0.	, , 0.
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, , 0.	, , 0.
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 0.	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 0.	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030921843

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS FOR ALL

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup>  
0 6 / 1 2 / 2 0 1 2

To: <sup>M M / D D / Y Y Y Y</sup>  
0 9 / 3 0 / 2 0 1 2

I. Receipts	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
11. Contributions (other than loans) From:						
(a) Individuals/Persons Other Than Political Committees						
(i) Itemized (use Schedule A).....	,	,	0.	,	,	0.
(ii) Unitemized .....	,	,	0.	,	,	0.
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	,	,	0.	,	,	0.
(b) Political Party Committees .....	,	,	0.	,	,	0.
(c) Other Political Committees (such as PACs).....	,	,	0.	,	,	0.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	,	,	0.	,	,	0.
12. Transfers From Affiliated/Other Party Committees.....	,	,	0.	,	,	0.
13. All Loans Received .....	,	,	0.	,	,	0.
14. Loan Repayments Received.....	,	,	0.	,	,	0.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	,	,	0.	,	,	0.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	,	,	0.	,	,	0.
17. Other Federal Receipts (Dividends, Interest, etc.).....	,	,	0.	,	,	0.
18. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account (from Schedule H3).....	,	,	0.	,	,	0.
(b) Levin Funds (from Schedule H5).....	,	,	0.	,	,	0.
(c) Total Transfers (add 18(a) and 18(b))..	,	,	0.	,	,	0.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	,	,	0.	,	,	0.
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	,	,	0.	,	,	0.

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
21. Operating Expenditures:						
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share .....	,	,	0.	,	,	0.
(ii) Non-Federal Share.....	,	,	0.	,	,	0.
(b) Other Federal Operating Expenditures .....	,	,	0.	,	,	0.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	,	,	0.	,	,	0.
22. Transfers to Affiliated/Other Party Committees.....	,	,	0.	,	,	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,	0.	,	,	0.
24. Independent Expenditures (use Schedule E) .....	,	,	0.	,	,	0.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,	0.	,	,	0.
26. Loan Repayments Made.....	,	,	0.	,	,	0.
27. Loans Made.....	,	,	0.	,	,	0.
28. Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees .....	,	,	0.	,	,	0.
(b) Political Party Committees .....	,	,	0.	,	,	0.
(c) Other Political Committees (such as PACs).....	,	,	0.	,	,	0.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,	0.	,	,	0.
29. Other Disbursements .....	,	,	0.	,	,	0.
30. Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share .....	,	,	0.	,	,	0.
(ii) "Levin" Share.....	,	,	0.	,	,	0.
(b) Federal Election Activity Paid Entirely With Federal Funds .....	,	,	0.	,	,	0.
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	,	,	0.	,	,	0.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	,	,	0.	,	,	0.
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,	0.	,	,	0.

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	,	,	0.	,	,	0.
34. Total Contribution Refunds (from Line 28(d)) .....	,	,	0.	,	,	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	,	,	0.	,	,	0.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	,	,	0.	,	,	0.
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,	0.	,	,	0.
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	,	,	0.	,	,	0.

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS FOR ALL

A.

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

B.

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

C.

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

SUBTOTAL of Receipts This Page (optional).....▶

, , 0.

TOTAL This Period (last page this line number only).....▶

, , 0.

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS FOR ALL

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

, , 0.

TOTAL This Period (last page this line number only)..... ►

, , 0.

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12030921849

SCHEDULE C (FEC Form 3X)  
LOANS

Texas for All

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
Texas for All

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address		
City State ZIP Code		
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , .	, , .	, , .

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional) .....	▶	, , 0 .
TOTALS This Period (last page in this line only) .....	▶	, , 0 .
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		



# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>TEXAS FOR ALL</b>		FEC IDENTIFICATION NUMBER <b>C</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan , , *	Interest Rate (APR) * %
Mailing Address		Date Incurred or Established M M / D D / Y Y Y Y	
City	State Zip Code	Date Due M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y			
B. If line of credit, Amount of this Draw: , , *		Total Outstanding Balance: , , *	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? , , *  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? , , *	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established: M M / D D / Y Y Y Y		Location of account:  Address:  City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name <b>Alex Jon</b> Signature <b>Alex Jon</b>		DATE M M / D D / Y Y Y Y <b>10 05 2012</b>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name <b>ARRR</b> Signature <b>ARRR</b>		DATE M M / D D / Y Y Y Y <b>10 05 2012</b>	
Title <b>ARRR</b>			

12030921850

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

TEXAS for ALL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.

2) TOTALS This Period (last page this line number only)..... ►

0.

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.

12030921851

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **OF**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TEXAS FOR ALL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee		Date <span style="float:right">M M / D D / Y Y Y Y</span>
Mailing Address		Amount  , , -
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

  

Full Name (Last, First, Middle Initial) of Payee		Date <span style="float:right">M M / D D / Y Y Y Y</span>
Mailing Address		Amount  , , -
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	, , 0 -
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	, , 0 -
(c) TOTAL Independent Expenditures.....▶	, , 0 -

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Alex Jan*  
 Signature

Date M M / D D / Y Y Y Y  
**10 05 20 12**

12030921852

# **SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <b>TEXAS FOR ALL</b>				
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee		
		Mailing Address		
		City	State	ZIP Code

  

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/ Type
Mailing Address		Date M M / D D / Y Y Y Y		
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount  , , .
Aggregate General Election Expenditure for this Candidate ▶				

  

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/ Type
Mailing Address		Date M M / D D / Y Y Y Y		
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount  , , .
Aggregate General Election Expenditure for this Candidate ▶				

  

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/ Type
Mailing Address		Date M M / D D / Y Y Y Y		
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount  , , .
Aggregate General Election Expenditure for this Candidate ▶				

  

SUBTOTAL of Expenditures This Page (optional).....▶				, , 0.
TOTAL This Period (last page this line number only).....▶				, , 0.

12030921853

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked <i>10/15/12</i>
Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>10/15/12</i> DATE PREPARED

(3/2005)

12030921854